

4. Financial Institution Account Details

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/>
Account name	<input type="text"/>		

Direct Debit Request Authorisation

- I/We authorise Lifeplan (User ID Number: 026445) to debit this nominated account with the contribution shown and/or the direct debit cycle I have selected in Step Three.
- I/We have read the Direct Debit Client Services agreement provided within the Product Disclosure Statement and agree with its terms and conditions.
- I/We acknowledge that I/we may obtain a copy of the Client Service agreement at any time by contacting Investor Services on 1300 1300 38.
- I/We acknowledge that this authority will remain in force until written notice is received to cancel/alter this authority.

Direct Debit Authority

Investor 2 signature

Signature of Account Owner 1

Signature of Account Owner 2

5. Option Selection

As per my existing option split

OR Please specify the amount you wish to invest in each option, details of current investment options are available in the current Product Disclosure Statement.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/> %
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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL	\$ <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/> %

Total % must equal 100%. Total \$ must equate to the Total Deposit Amount \$ entered above in Step Two.

6. Declaration and Signature(s)

I/We confirm that I/we have a copy of the current Product Disclosure Statement (PDS) and that I/we have read, understood and retained for future reference.

I/We acknowledge that the Direct Debit arrangement (if applicable) is governed by the terms of the Direct Debit Client Service Agreement that is available on request.

Investor 1 signature

X

Name of Investor 1

Date / /

Investor 2 signature

X

Name of Investor 2

Date / /



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)

Australian Unity - Investment Bonds, Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
GPO BOX 4397 Melbourne VIC 3001

Contact us

Australian Unity
GPO BOX 4397 Melbourne VIC 3001

australianunity.com.au/wealth

Investor Services

enquiries@australianunity.com.au

1300 1300 38

Adviser Services

investmentbonds@australianunity.com.au

1300 133 285